APPLICATION DATA SHEET

APPLICATION INFORMATION

REGULAR Application Type:: UTILITY Subject Matter:: NONE

CD-ROM or CD-R?:: Title::

CONNECTIVE TISSUE SUBSTITUTES, METHOD OF PREPARATION AND

> **USES THEREOF** 238813US-6 DIV

Attorney Docket Number:: 17

Total Drawing Sheets:: NO Small Entity?::

INVENTOR INFORMATION

INVENTOR Applicant Authority Type:: Primary Citizenship Country:: Canada

FULL CAPACITY Status::

Francine Given Name:: **GOULET** Family Name:: Sainte-Foy City of Residence::

Canada Country of Residence::

853, De Monts Street of Mailing Address:: Sainte-Foy City of Mailing Address:: Quebec State or Province of Mailing Address::

Canada Country of Mailing Address:: G1X 2R6 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type:: Canada Primary Citizenship Country::

FULL CAPACITY

Status:: Denis

Given Name:: **RANCOURT** Family Name::

Levis City of Residence:: Canada Country of Residence::

1, Boisvert Street of Mailing Address:: Levis City of Mailing Address::

Quebec State or Province of Mailing Address:: Canada Country of Mailing Address::

G5W 1V2 Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Family Name::

City of Residence:: Country of Residence::

Street of Mailing Address:: City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Family Name::

City of Residence::

Country of Residence::

Street of Mailing Address:: City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name::

Family Name::

City of Residence::

Country of Residence:: Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

INVENTOR

Canada

FULL CAPACITY

Rejean

CLOUTIER

Sillery

Canada

1295, ave. De Puiseaux

Sillery

Quebec

Canada

G1T 2C7

INVENTOR Canada

FULL CAPACITY

Julie

TREMBLAY

Beauport Canada

475, rue Tronguet

Beauport

Quebec

Canada

G1C 7E3

INVENTOR

Canada

FULL CAPACITY

Francois

Α. **AUGER**

Sillery

Canada

1336, rue Duquet

Sillery

Quebec

Canada

G1S 1A9

INVENTOR **Applicant Authority Type:**: Canada Primary Citizenship Country::

DECEASED INVENTOR Status::

Albert Given Name:: NORMAND Family Name:: Sainte-Foy City of Residence::

Canada Country of Residence::

3621, Esperanto Street of Mailing Address::

Sainte-Foy City of Mailing Address:: State or Province of Mailing Address:: Quebec Canada Country of Mailing Address::

G1W 4D1 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type:: Canada Primary Citizenship Country::

FULL CAPACITY Status::

Lucie Given Name:: **GERMAIN** Family Name:: St-Augustin City of Residence:: Canada

Country of Residence:: 232, du Trefle Street of Mailing Address:: St-Augustin City of Mailing Address:: State or Province of Mailing Address:: Quebec

Canada Country of Mailing Address:: G3A 1H8 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type:: Canada

Primary Citizenship Country:: **FULL CAPACITY** Status::

Jean Given Name::

LAMONTAGNE Family Name:: St-Augustin City of Residence:: Canada Country of Residence::

3037, Du Verger Street of Mailing Address:: St-Augustin

City of Mailing Address:: State or Province of Mailing Address:: Quebec

Canada Country of Mailing Address:: G3A 2W8 Postal or Zip Code of Mailing Address::

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Marc

Family Name::

City of Residence::

Country of Residence::

BOUCHARD

Sainte-Foy

Canada

Street of Mailing Address:: 3230, Beaurepaire

City of Mailing Address::
Sainte-Foy
State or Province of Mailing Address::
Country of Mailing Address::
Country of Mailing Address::
Canada
Postal or Zip Code of Mailing Address::
G1X 1H4

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Eve
Family Name:: LANGELIER

City of Residence:: St-Etienne-de-Lauzon

Country of Residence:: Canada

Street of Mailing Address:: 35, Beausejour

City of Mailing Address:: St-Etienne-de-Lauzon

State or Province of Mailing Address:: Quebec Country of Mailing Address:: Canada Postal or Zip Code of Mailing Address:: G6J 1C4

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

Country of Residence::

Canada

Street of Mailing Address:: 1569, rue du Tertre

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Country of Mailing Address::
Conada
Postal or Zip Code of Mailing Address::
G1W 4N7

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Stephanie
Family Name:: BOUCHARD

City of Residence:: Hull
Country of Residence:: Canada

Street of Mailing Address:: 20, La Varendrye, apt. 403

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

J8Z 1R2

Applicant Authority Type:: INVENTOR

Canada

Canada

Primary Citizenship Country:: Canada FULL CAPACITY

Given Name::

Family Name::

City of Residence::

Country of Residence::

Canada

Country of Residence:: Canada

Street of Mailing Address:: 825, ave. Beauregard, apt. 110

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Country of Mailing Address::
Country of Mailing Address::
Canada

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status::

Given Name::

Family Name::

City of Residence::

Country of Residence::

FULL CAPACITY

Louis-Mathieu

STEVENS

Montreal

Canada

Street of Mailing Address:: 5863 Desaylniers

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address::

H1N 3P9

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Family Name::

City of Residence::
Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Primary Citizenship Country::

Status::

Given Name:: Family Name:: City of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Family Name:: City of Residence::

Country of Residence:: Street of Mailing Address::

City of Mailing Address:: State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

INVENTOR Canada

FULL CAPACITY

Sheila

LAVERTY

St-Charles-sur-Richelieu

Canada

1857, Grand Rang

St-Charles-sur-Richelieu

Quebec

Canada

J0H 2G0

INVENTOR

Canada

FULL CAPACITY

Bertrand LUSSIER

St-Hyacinthe

Canada

2722, rue Girouard Ouest, apt. 2

St-Hyacinthe

Quebec Canada

J2S 3B5

INVENTOR

Canada

FULL CAPACITY

Anne-Marie BELZIL

Outremont Canada

68, Courcelette
Outremont

Quebec

Canada H2V 3A6 Applicant Authority Type:: INVENTOR Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Pierrot

Family Name:: TREMBLAY

City of Residence:: Chicoutimi
Country of Residence:: Canada

Street of Mailing Address:: 25, De la Victoire

City of Mailing Address:: Chicoutimi

State or Province of Mailing Address:: Quebec Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: G7G 2X3

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/990/320	11/23/01

ASSIGNMENT INFORMATION

Assignee Name:: UNIVERSITE LAVAL

Street of Mailing Address:: Saint-Foy
City of Mailing Address:: Quebec
State or Province of Mailing Address:: Quebec

Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: G1K7P4

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